

HR PRACTICAL INFORMATION

Getting reimbursed by the Social Security & supplementary health insurance

As a patient and social security beneficiary, it can sometimes be difficult to find our way in the amounts reimbursed by the social security and by the supplementary health insurance. Moreover, the changes made in early 2016 in the regulations concerning reimbursement of medical expenses have made things even more complex. This newsletter brings you some elements of understanding.

GETTING REIMBURSED BY THE SOCIAL SECURITY

The Carte Vitale

The Carte Vitale certifies your rights to health insurance and must always be up to date. The Carte Vitale should be updated at least once a year in the pharmacy terminals.

You can directly pay most pharmacies and health centers, and some doctors who accept it, with your Carte Vitale without having to advance the sum covered by the Social Security. This direct payment called *tiers payant*¹ should be generalized in November 2017.

If you do not already have your Social Security number or your Carte Vitale, or you do not have it with you, you can still be reimbursed by using the form provided by your doctor. You will need to mail this to the Social Security, once your Social Security number has been issued. You have a period of two years to claim the reimbursement.

The *médecin traitant* and the *parcours de soins coordonnés*

The *parcours de soins coordonnés* is a circuit that must be followed by the patient to ensure coherent and optimized medical care.

The *parcours de soins coordonnés* requires each insured person over 16 years old to designate the primary caregiver (*médecin traitant*) of his choice before consulting a specialist in order to benefit from a better refund. However, certain exceptions are permitted, in particular in cases of emergency or geographical distance from the usual area of residence. For optimal reimbursement of specialist consultations, you must be referred to him by your *médecin traitant*, except for consultations with dental surgeons, gynecologists, midwives, stomatologists, ophthalmologists, all the specialties for children under 16, psychiatrist and neuropsychiatrist, only for people aged between 16 and 25 years.



Do not forget to declare a primary caregiver for your child as soon as he reaches 16 years of age. Your primary caregiver can be a general practitioner or a specialist. This choice is formalized via a form to be sent to the Caisse d'Assurance Maladie (form to download here: http://www.ameli.fr/fileadmin/user_upload/formulaires/S3704.pdf)

You can decide to appoint a different primary caregiver at any time. You simply need to send another form with the new doctor's details to Social Security.

¹ The *tiers payant* system waives the social insured to pay immediately the healthcare provider under certain conditions. If the paying party is partial, the patient only pays the *Ticket Modérateur*. If it is total, the patient pays nothing. In order to benefit from the third-party payment, it is necessary to present an up-to-date Carte Vitale.

Reimbursement of the Health Insurance and *médecins conventionnés*

The fees charged by doctors and the amount which serves as a basis for reimbursement² by the social security vary according to the discipline of the doctor (general practitioner or other specialty) and his sector of activity (sector 1 or 2).

Doctors registered in sector 1 apply the fee fixed by convention with the Social Security, i.e. €25 for a consultation with a generalist since May 1, 2017.

Doctors registered in sector 2 set their own fees. They are authorized to exceed the conventional amount. The Social Security does not reimburse the excess amount.

Since 2015, the doctors registered in sector 2 can decide to sign the *contrat d'accès aux soins*³. In this case, they undertake to limit fee overruns. The basis of reimbursement⁴ is then more favorable and it authorizes the supplementary health insurance to cover the overruns of fees.

You will find your doctor's sector and his possible adherence to the *contrat d'accès aux soins* by consulting the health directory on <http://annuaire.sante.ameli.fr>

Finally, there is a higher category, called sector 3, in which doctors do not adhere to the agreement with the Social Security, which therefore only reimburses a very small part of their consultations.

To find a doctor registered in sector 1 <http://annuaire.sante.ameli.fr>

Getting reimbursed at the pharmacy

Only medicines prescribed by a doctor are reimbursed. But not all prescribed medications are necessarily refundable. To find out, you can ask your doctor. When the doctor prescribes a non-refundable medication, he/she should write in principle "NR" (non-refundable) beside the medication.

Drug reimbursement rates:

- 100% for drugs recognized as highly effective and expensive
- 65% for medicinal products recognized as effective
- 30% for medicinal products recognized as moderately effective or for homeopathic medicines and certain pharmaceutical preparations
- 15% for medicinal products with low effectiveness

Getting reimbursed for hospital expenses

In the case of hospitalization in a public hospital or a private clinic, the Social Security reimburses some expenses providing the necessary documents are submitted. However, the cost of accommodation is at your expense if it exceeds 24 hours. The supplementary health insurance can cover these costs.



To track your Social Security reimbursements, consult your Ameli personal account. If you have not already created it, go to

https://assure.ameli.fr/PortailAS/appmanager/PortailAS/assure?_afmc=true

² This is a tariff defined by the Social Security. This amount serves as basis to reimburse. According to medical acts, the percentage of the *Base de Remboursement Sécurité Sociale* (BRSS) varies from 30% to 100%.

³ This is a contract signed between the Social Security and doctors giving them the possibility of practicing in the sector 2. The purpose of the *Contrat d'Accès aux Soins* (CAS) is to improve access to patient care by limiting fees overruns and enabling the Social Security and their health insurance to reimburse them better.

SUPPLEMENTARY HEALTH INSURANCE AND OPTIONAL ADDITIONAL INSURANCE REIMBURSEMENTS

At the time of your affiliation with Henner, you received (or will receive) your *Carte de Tiers Payant* called *Carte Blanche*. It allows you to benefit from the third-party payment with the healthcare professionals with whom the *Carte Blanche* network has signed agreements.

120,000 professionals are part of the *Carte Blanche* network (pharmacies, hospitals, clinics, health centers, analytical laboratories, radiology, dentists, opticians) subject to compliance with the tariff schedule.

To find out more about the *Carte Blanche* network, please visit www.henner.com ("Réseau de soins" in your personal area) or call your management unit at +33 (0) 2 51 88 76 44 who will provide you with the information necessary on the *Carte Blanche* network.

Coverage of the hospital stays

A few days before your hospitalization, you can make a request to the supplementary health insurance to bear the costs. To do this, you simply need to communicate the name of the hospital, the department (medicine, surgery ...) and the expected date of hospitalization. In case of emergency, the coverage agreement will be issued immediately upon request from you or one of your relatives. Some hospitals do it directly.

Coverage for dental or optical care

You can send by e-mail or by mail your optical and dental quotes to the supplementary health insurance which will send you an estimate of your refund before the costs are incurred.

If you go through the *Carte Blanche* network, your registered optician or dentist will ask for a preliminary agreement. This will be delivered subject to compliance with the HENNER tariff schedule negotiated with your optician or dentist and within the limit of our contract.



Social security and supplementary health insurances reimburse only one pair of eyeglasses every two years, except when the prescription has changed.

EXAMPLES OF HEALTH INSURANCE REIMBURSEMENT

	COST	SOCIAL SECURITY REIMBURSEMENT	HENNER REIMBURSEMENT BASIC COVERAGE	OUT-OF-POCKET WITH BASIC COVERAGE	ADDITIONAL HENNER REIMBURSEMENT WITH OPTIONAL ADDITIONAL COVERAGE	OUT-OF-POCKET WITH OPTIONAL ADDITIONAL COVERAGE
Generalist who has signed the CAS	€ 25	$(€ 25 \times 70\%) - 1$ = € 16.50	$€25 - € 16,50$ = € 8,50	0	Not applicable in this case	0
Generalist who has signed the CAS	€ 60	$(€ 25 \times 70\%) - 1$ = € 16.50	$(€25 - €16.50) + (€25 \times 170\%)$ = €51 Limited to real cost → Reimbursement is €43.50	0	Not applicable in this case	0
Generalist who has not signed the CAS	€ 60	$(€ 25 \times 70\%) - 1$ = € 16.50	$(€25 - €16.50) + €25$ = €33.50	€10	Maximum of €20 Limited to real cost → Reimbursement is €10	0
Generalist who has not signed the CAS	€ 75	$(€ 25 \times 70\%) - 1$ = € 16.50	$(€25 - €16.50) + €25$ = €33.50	€25	€ 20	€5
Specialist who has signed the CAS	€ 30	$(€ 30 \times 70\%) - 1$ = € 20	$€ 30 - €20$ = €10	0	Not applicable in this case	0
Specialist who has signed the CAS	€ 80	$(€ 30 \times 70\%) - 1$ = € 20	$(€ 30 - €20) + (€30 \times 100\%)$ = €121 Limited to real cost → Reimbursement is € 60	0	Not applicable in this case	0
Specialist who has not signed the CAS	€ 50	$(€ 30 \times 70\%) - 1$ = € 20	$(€ 30 - €20) + (€30 \times 100\%)$ = €40 Limited to real cost → Reimbursement is € 30	0	Not applicable in this case	0
Specialist who has not signed the CAS	€ 80	$(€ 30 \times 70\%) - 1$ = € 20	$(€30 - €20) + (€30 \times 100\%)$ = €40	€ 20	Maximum of € 50 limited to real cost → reimbursement is € 20	0
Specialist who has not signed the CAS	€ 120	$(€ 30 \times 70\%) - 1$ = € 20	$(€30 - €20) + (€30 \times 100\%)$ = €40	€ 60	€ 50	€ 10

How does the reimbursement between the Social Security and the supplementary health insurance work?

Once it has reimbursed its share, the social security transmits its statements through the teletransmission to the supplementary health insurance. The supplementary health insurance then proceeds to the refund and makes your statements available in your personal space on the site www.henner.com.



If your spouse benefits from his/her own supplementary health insurance through his/her employer, he/she is strongly recommended to obtain the reimbursement in priority. If his/her supplementary health insurance does not fully reimburse, he/she can claim the additional refund. For this, he/she simply needs to send the original statements of his supplementary health insurance to Henner.



Teletransmission, that is to say direct transmission between the social security system and the supplementary health insurance scheme, can only be carried out with one single supplementary health insurance policy. For this reason, if you benefit from two insurances, you will have to send the original statements from one to the other to obtain the additional reimbursement.

Still have questions? Do not hesitate to contact the Human Resources Department